

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041993

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22Primary Registration District No. 3013Registrar's No. 215

FILED DEC 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO.

18

add Patent foramenovale and marked right ventricular hypertrophy

DOCUMENT

BY AFFIDAVIT OF Attendant

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NKC Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4853 Davidson Rd.</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Wilfred</u> Last <u>Duncan</u>		4. DATE OF DEATH Month <u>November</u> Day <u>30</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-24-14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling Co.</u>	
11a. BIRTHPLACE (City and state or country) <u>Newfane New York USA</u>		11b. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George H. Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Ferguson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>4853 Davidson Rd. Mo.</u> <u>Mrs. Florence Duncan, Kansas City</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure due to</u> DUE TO (b) <u>Arrhythmia Secondary to</u> DUE TO (c) <u>Congenital Heart Disease</u> Patent		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>foramenovale and marked right ventricular hypertrophy</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:10</u> a.m. <u>PM</u> Month, Day, Year <u>Nov 30 1962</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Liberty Mo</u>		20g. COUNTY <u>Liberty Mo</u>	
21. I attended the deceased from <u>12:10 PM</u> to <u>Nov 30 1962</u> and last saw him alive on <u>Nov 30 1962</u> Death occurred at <u>12:10 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James L. Hildreth MD</u>		22b. ADDRESS <u>Liberty Mo</u>	
22c. DATE SIGNED <u>12-1-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-4-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wright Corners</u>	23d. LOCATION (City, town, or county) (State) <u>Lockport New York</u>
24. FUNERAL DIRECTOR <u>Pasley Funeral Home, Liberty, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-3-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Pasley

Licensed Embalmer No. 4308

P. O. Address

Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.